

CONFIRMATION OF IOLTA ACCOUNT

Date: _____	
To: _____	RE: _____
Financial Institution	Lawyer or Law Firm
_____ Address	_____ Address
_____ City, State & Zip	_____ City, State & Zip
_____ Routing/Transit Number	_____ Trust Account Number

The lawyer or law firm noted above is required to establish an interest-bearing NOW account for the deposit of the lawyer's or firm's clients' funds. Please confirm that this institution will establish such an account with the interest to be paid to the Foundation by signing and dating below. Also, please indicate below how your institution prefers to transfer the interest. If you have questions about the ACH method, please call the Foundation.

This financial institution elects to transfer the interest by:

_____ **ACH** Method Monthly

_____ **Check** Method Monthly

VERIFICATION BY:

Please print financial institution employee name and title

Signature Date

Please mail or fax this form to:

Arkansas IOLTA Foundation, Inc.

625 Marshall St., Ste. 0100
Little Rock, Arkansas 72201
(501) 682-9421
Fax: (501) 682-9415
E-Mail: pointersusie@yahoo.com